

# Kansas Department of Labor

## AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

☐ New Enrollment

☐ Revised

- Complete, sign and return this authorization to enroll in KDOL's EFT program.
- Indicate the modifications to your enrollment.
- Changes must be submitted at least 20 days prior to the electronic funds transfer.

### PART I – Employer Information

Name: _____	KS SUI Account Number: _____
Street Address: _____	
Mailing Address: _____	
City: _____	State: _____ Zip: _____
EFT Contact: _____	FAX: _____
Telephone (area code - number - extension): _____	E-mail: _____

### PART II – Service Bureau/Tax Service Information

Service Bureau: _____	Contact: _____
Street Address: _____	
City: _____	State: _____ Zip: _____
Telephone (area code - number - extension): _____	E-mail: _____

### PART III – ACH Information (ENCLOSE A VOIDED CHECK FOR PRE-NOTE TEST)

Bank Name: _____	Contact at Bank: _____
Transit/ABA Number: _____	Telephone: _____
Bank Account Number: _____	Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Method of Calling the Data Collection Center: <input type="checkbox"/> Touch Tone Phone	<input type="checkbox"/> Operator Assistance

### PART IV – Employer Authorization (by Owner, Officer, Partner, Member/Manager, etc., who is authorized to sign for the employing entity)

I authorize the Kansas Department of Labor to present debit entries into the bank account of the depository indicated in Part III. These debits will be only Electronic Funds Transfers that I have authorized.

Signature: _____	Date: _____
Printed Name: _____	Title: _____

Return to: Examining Unit - EFT Section  
Department of Labor  
401 SW Topeka Blvd.  
Topeka, KS 66603-3182  
Fax: 785-291-3425

# Instructions for Completing AUTHORIZATION FOR ELECTRONIC FUNDS TRANSFER

Indicate if this authorization is a new enrollment application or a revision of an existing one.

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## **PART I – Employer Information**

- Tell us your company's name and address.
- Include the company's EFT contact, the daytime voice telephone number with area code and extension.
- List the fax number and E-mail, if available.

## **PART II – Service Bureau - Tax Service**

- If you have a service bureau or tax service that is authorized to make your transfers, list the name of the service bureau and your EFT contact with a daytime voice telephone number and extension.

## **PART III – ACH Information**

- Enclose a voided check for the pre-note test.
- Tell us which account you are authorizing us to transfer funds from and the bank or financial institution in which it is located.
- Tell us who to call at the bank if there are problems with the transfer.
- We also require the ABA, transit, or routing number.
- Include the daytime voice telephone number plus extension of your EFT contact at your bank.
- Indicate if the account number listed is for a checking or a savings account.
- Indicate if you will be using your telephone's touch-tone keypad to make your transfer or if you will be using a rotary dial telephone and will need operator assistance at the Data Collection Center.

## **PART IV – Authorization**

Only an individual who has the authority to permit the use of Electronic Funds Transfer can sign this enrollment application.

- Identify the individual by name and title.
- Indicate the date the authorization is signed.

Submit the completed authorization to:   Examining Unit - EFT Section  
Department of Labor  
401 SW Topeka Blvd.  
Topeka, KS 66603-3182  
Fax: 785-291-3425

If you would like more information about the Electronic Funds Transfer at the Department of Labor, please refer to our transfer guide located on our Web site at [www.dol.ks.gov](http://www.dol.ks.gov). Select EMPLOYER/BUSINESS SERVICES-ESTABLISH UNEMPLOYMENT INSURANCE TAX ACCOUNT-ELECTRONIC FUNDS TRANSFER. (This application is available as an Adobe Acrobat Reader PDF file.) The link to this application is on the EFT page.

You may also call us at 785-296-5031 or E-mail us at [uitax@dol.ks.gov](mailto:uitax@dol.ks.gov).